



## CAMPUS REQUEST FOR PAYMENT OF FUNDS

**DATE:** \_\_\_\_\_

**TO:** MSU Billings Foundation 1500  
University Dr.  
Billings, MT 59101-0298  
406-657-2244

**VENDOR/PAYEE:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**FOUNDATION FUND:** \_\_\_\_\_

**BANNER INDEX/ACCOUNT:** \_\_\_\_\_

**PAY SUM OF:** \_\_\_\_\_

**PURPOSE** (brief explanation):

Approved by: \_\_\_\_\_

Fund Controller

Please attach receipts/documentation in a single PDF, and email completed form to  
(See Intranet instructions for invoice email) or send multiple PDFs and DocuSigns to  
[jeff.clarke@msubfoundation.com](mailto:jeff.clarke@msubfoundation.com) & [drew.chenault@msubfoundation.com](mailto:drew.chenault@msubfoundation.com).

PLEASE NOTE: Requests are processed twice monthly.  
Generally around the 15<sup>th</sup> and the end of the month.